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The problem of tumors of the bladder, so long treated as the stepchild of urology, has in recent years taken on a new interest owing to the advent of several new factors. First of all, there is the more ready recourse to surgery of the viscus, exposing the tumor and attacking it effective in loco; then, there is the use of radium which has been found curative in an astonishing percentage of cases; and, finally, a new agent has come to claim a position in recent years, by which a current of electricity directed to a spot acts as a desiccating agent (endothermy) capable of penetrating the depths of the tumor and destroying it rapidly and without hemorrhage.

Surgery. Surgery is the most aggressive procedure and the only one associated with a serious risk. The limitations of surgery are at present, as in the past, due to the fact that with rare exceptions it is only applicable to isolated pedunculate growths, the simplest group under discussion, while it is worse than useless in any carcinoma invading the bladder wall. With the new agents now at our disposal, it is difficult to see just what field will remain for the pure surgeon except to employ his art as an adjuvant to the use of radium or endothermy,—that is to say, in exposing the field through a suprapubic opening in the bladder for the treatment. We, ourselves, have felt a serious temptation to spend considerable time in developing another form of surgery, however, that is to say, to labor to acquire skill in operating through the open cystoscopic, 14 cm. long and 10 mm. in diameter; especially in the female bladder does this method afford access to all parts, opening up a way for working with delicate instruments. In the male the instrument must be longer. It is quite certain, however, that any

attempt to remove a tumor by means of forceps, knife, or scissors is necessarily exposed to a risk of serious hemorrhage and should, therefore, be eliminated.

Electric Coagulation or Endothermy. We have for years used fulguration in attacking papillomata through our open air cystoscope with the patient in the knee-chest posture, but have always found that the chief difficulty was that we were able to make so little impression on a massive tumor at one sitting, even though we attacked the pedicle. Fulguration seems to yield its best results in sparking out superficial flat areas of disease where the papillary tumor is disseminated. In papillary carcinomata with infiltration, it is of course worse than useless. It is not our desire, however, to deprecate an agent which in a limited field has proven such an advance over previous ineffective methods.

More recently, an effective apparatus has been devised by Edward V. Clark of Philadelphia and extensively utilized by his former co-adjutor, Dr. George A. Wyeth of New York, who has brought this machine to a remarkable perfection. Wyeth, who is also a first class surgeon, as well as urologist, has made use of the desiccation and endothermic method to destroy tumors in the bladder by making a suprapubic opening and then penetrating and disiccating the disease in an area all around the base of the tumor which is then undermined, desiccated, and removed. The method is not applicable where there is basal infiltration but only to the papillary carcinomata not yet become invasive and to simple papillomata.

The writers believe that this method affords an extraordinary facility, for dealing with these tumors without an incision, through the open cystoscope, in the male as well as in the female, and that in this way it will be possible to desiccate the bases of all pedunculate tumors and destroy them as a rule at a single sitting. Such a procedure simply calls for dexterity in the use of a cystoscope and in introducing a long well in-

sulated needle to be brought into contact with the base of the tumor or to be plunged into it. This will cut out the use of radium in all but the infiltrating, metastatic, or superficially widespread types, a welcome retrenchment in the radium field. In recapitulation, the method which has the widest field of utility is the use of radium, and we have here an agent whose value is not yet fully appreciated in dealing with those otherwise hopeless cases. The endothermic method, however, greatly simplifies and extends and helps the radium application in removing masses of disease and curing the patient quickly in the simpler cases, and in limiting the field for radium to those in which the bladder wall in invaded.

Abs. from *Ur.* and *Cut. Review.*